

## Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65102

## TIER TWO - Emergency and Hazardous Chemical Inventory (General Information)

Received By/Date

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Important: Please read all instructions before completing form Report period from January 1 to December 31, 2013

| ☒ | Check if information below is identical to the information submitted last year

<b>Facility Identification (2a) - Facility Location</b> Facility Name: <b>Coastal Energy</b> Max No. of Occupants: Street Address: <b>232 Burnham Road</b> Status: <b>Manned</b> City: <b>Willow Springs</b> State: <b>MO</b> Zip: <b>65793</b> Phone: <b>417-469-4499</b> Fax: <b>417-469-4499</b> E-Mail: <b>david@fmc-coastal.com</b> County: <b>Howell</b>		<b>Owner/Operator Information (2b)</b> Name: <b>David Montgomery</b> Mail Address: <b>1 Coastal Drive</b> City: <b>Willow Springs</b> State: <b>MO</b> Zip: <b>65793</b> Phone: <b>417-469-4499</b> Fax: <b>417-469-4499</b> E-Mail: <b>david@fmc-coastal.com</b>	
<b>Mailing Address:</b> Name: <b>Coastal Energy</b> Mail Address: <b>P.O. Box 218</b> City: <b>Willow Springs</b> State: <b>MO</b> Zip: <b>65793</b>		<b>Regulatory point of Contact Information (2c)</b> Name: <b>David Montgomery</b> Mail Address: <b>1 Coastal Drive</b> City: <b>Willow Springs</b> State: <b>MO</b> Zip: <b>65793</b> Phone: <b>417-469-4499</b> Fax: <b>417-469-4499</b> E-Mail: <b>david@fmc-coastal.com</b>	
RMP Facility ID: Dun & Bradstreet Number: <b>106570831</b> NAICS Code: <b>422690</b> TRI Number: <b>na</b> Latitude: <b>D: 36 M: 59 S: 59</b> Longitude: <b>D: 91 M: 55 S: 38</b>		<b>Emergency Contact Information (2d)</b> Name: <b>David Montgomery</b> Title: <b>President</b> Phone: <b>417-469-4499</b> 24 hr. Phone: <b>417-469-2777</b> Name: <b>Gary Picard</b> Title: <b>Safety Manager</b> Phone: <b>417-469-4499</b> 24 hr. Phone: <b>417-469-2777</b>	
Fire Department with Jurisdiction: <b>Willow Springs</b> Are Any Explosive Listed? <b>No</b> Land Owner: <b>Other</b> Subject to Emergency Planning Under Section 302 of EPCRA (40 CFR part 355)? <b>No</b> Subject to Chemical Accident Prevention under Section 112(r) of CAA(40 CFR part 68, Risk Management Program)? <b>No</b>		Submission for Reporting Year: <input checked="" type="radio"/> Initial <input type="radio"/> Update	

## Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 4, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative

Name Gary Picard Title Safety Manager Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## Optional Attachments

- ☐ I have attached a site plan  
☐ I have attached a list of site coordinate abbreviations  
☐ I have attached a description of dikes and other safeguard measures

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**Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65102**  
**TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)**

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Facility Name: <b>Coastal Energy</b> City: <b>Willow Springs</b> State: <b>MO</b> Zip: <b>65793</b>			Emergency Contact Name: <b>David Montgomery</b> 24 hr. Phone: <b>417-469-2777</b>		
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<b>Chemical Description (3)     Check if info is same as last year.</b>  CAS: <b>mix</b> Trade Secret: <input type="checkbox"/> Chemical Name: <b>asphalt/heavy fuel oil</b> Check all that apply: ( <input type="checkbox"/> <input checked="" type="checkbox"/> ) ( <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ) <input type="checkbox"/> Pure      Mix      Solid      Liquid      Gas      EHS EHS Name:	<b>Physical and Health Hazards (4)</b> Check all that apply: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	<b>Inventory (5)</b> Max Daily Amount Code: <b>07</b> Avg. Daily Amount Code: <b>07</b> No. of Days on Site Per Year: <b>365</b> <input type="checkbox"/> Optional Report
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<b>Storage Codes and Locations (6) (Note: This information is Not Confidential)</b> Container    Pressure    Temperature Code: <b>A</b> <b>1</b> <b>4</b> Storage Location: <b>Aboveground tanks on concrete pad</b>		
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<b>Chemical Description (3)     Check if info is same as last year.</b>  CAS: <b>mix</b> Trade Secret: <input type="checkbox"/> Chemical Name: <b>diesel fuel</b> Check all that apply: ( <input type="checkbox"/> <input checked="" type="checkbox"/> ) ( <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ) <input type="checkbox"/> Pure      Mix      Solid      Liquid      Gas      EHS EHS Name:	<b>Physical and Health Hazards (4)</b> Check all that apply: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)	<b>Inventory (5)</b> Max Daily Amount Code: <b>04</b> Avg. Daily Amount Code: <b>04</b> No. of Days on Site Per Year: <b>365</b> <input type="checkbox"/> Optional Report
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<b>Storage Codes and Locations (6) (Note: This information is Not Confidential)</b> Container    Pressure    Temperature Code: <b>A</b> <b>1</b> <b>4</b> Storage Location: <b>Aboveground storage tank east of the facility</b>		
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**Certification (Read and sign after completing all sections)**  
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 4, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative  
 Name Gary Picard Title Safety Manager Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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## Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65102

## TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

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Facility Name: <b>Coastal Energy</b> City: <b>Willow Springs</b> State: <b>MO</b> Zip: <b>65793</b>			Emergency Contact Name: <b>David Montgomery</b> 24 hr. Phone: <b>417-469-2777</b>			
<b>Chemical Description (3)</b>   Check if info is same as last year.  CAS: <b>000064-17-5</b> Trade Secret: <input type="checkbox"/> Chemical Name: <b>ethanol</b> Check all that apply: ( <input checked="" type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input checked="" type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) Pure      Mix      Solid      Liquid      Gas      EHS EHS Name:			<b>Physical and Health Hazards (4)</b> Check all that apply: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)		<b>Inventory (5)</b> Max Daily Amount Code: <b>06</b> Avg. Daily Amount Code: <b>06</b> No. of Days on Site Per Year: <b>365</b> <input type="checkbox"/> Optional Report	
<b>Storage Codes and Locations (6) (Note: This information is Not Confidential)</b> Container    Pressure    Temperature Code: <b>A</b> <b>1</b> <b>4</b> Storage Location: <b>located in the tank farm</b>						
<b>Chemical Description (3)</b>   Check if info is same as last year.  CAS: <b>8013-75-0</b> Trade Secret: <input type="checkbox"/> Chemical Name: <b>Fusel</b> Check all that apply: ( <input checked="" type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input checked="" type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) Pure      Mix      Solid      Liquid      Gas      EHS EHS Name:			<b>Physical and Health Hazards (4)</b> Check all that apply: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)		<b>Inventory (5)</b> Max Daily Amount Code: <b>05</b> Avg. Daily Amount Code: <b>05</b> No. of Days on Site Per Year: <b>365</b> <input type="checkbox"/> Optional Report	
<b>Storage Codes and Locations (6) (Note: This information is Not Confidential)</b> Container    Pressure    Temperature Code: <b>A</b> <b>1</b> <b>4</b> Storage Location: <b>Northeast corner of tank farm</b>						
<b>Certification (Read and sign after completing all sections)</b> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>4</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.  Name and official title of owner/operator OR owner/operator's authorized representative Name <u>Gary Picard</u> Title <u>Safety Manager</u> Signature _____ Date Signed _____						

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## TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

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Facility Name: <b>Coastal Energy</b> City: <b>Willow Springs</b> State: <b>MO</b> Zip: <b>65793</b>			Emergency Contact Name: <b>David Montgomery</b> 24 hr. Phone: <b>417-469-2777</b>			
<b>Chemical Description (3)</b>     Check if info is same as last year.  CAS: <b>mix</b> Trade Secret: <input type="checkbox"/> Chemical Name: <b>polyphosphoric acid</b> Check all that apply: ( <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix ) ( <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas ) <input type="checkbox"/> EHS EHS Name:			<b>Physical and Health Hazards (4)</b> Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic)		<b>Inventory (5)</b> Max Daily Amount Code: <b>07</b> Avg. Daily Amount Code: <b>07</b> No. of Days on Site Per Year: <b>365</b> <input type="checkbox"/> Optional Report	
<b>Storage Codes and Locations (6) (Note: This information is Not Confidential)</b> <div style="display: flex; justify-content: space-between;"> <div>           Container    Pressure    Temperature            Code:      <b>O</b>      <b>1</b>      <b>4</b> </div> <div>           Storage Location: <b>Stored in totes in center section of property</b> </div> </div>						
<b>Certification (Read and sign after completing all sections)</b> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>4</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.  Name and official title of owner/operator OR owner/operator's authorized representative Name <u>Gary Picard</u> Title <u>Safety Manager</u> Signature _____ Date Signed _____						

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